

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155660	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/06/2019
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NAME OF PROVIDER OR SUPPLIER PULASKI HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 624 E 13TH ST WINAMAC, IN 46996
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00284235 and IN00286286.</p> <p>Complaint IN00284235 - Substantiated - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00286286 - Substantiated. Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Unrelated deficiency cited at F689.</p> <p>Survey date: March 6, 2019</p> <p>Facility number: 000553 Provider number: 155660 AIM number: 100267430</p> <p>Census Bed Type: SNF: 6 SNF/NF: 41 Total: 47</p> <p>Census Payor Type: Medicare: 4 Medicaid: 29 Other: 14 Total: 47</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/8/19.</p>	F 0000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licensure of the long term care facility and this Plan of Correction in its entirety, constitutes this provider's credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is of the opinion that it was in compliance with the requirements of participation. We are respectfully requesting a desk review to clear any and all</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0686 SS=D Bldg. 00	<p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, record review, and interview, the facility failed to ensure interventions to prevent and/or heal pressure ulcers were implemented related to foot cradles, an air mattress, and off loading heels from the mattress, for 2 of 3 residents reviewed for pressure ulcers. (Residents B and E)</p> <p>Findings include:</p> <p>1. During an observation on 3/6/19 at 4:35 a.m., Resident B was in bed and asleep. Her heels were on the bed and there as no foot cradle on the bed.</p> <p>During an observation on 3/6/19 at 4:48 a.m. with LPN 1, the resident's heels remained on the bed and there was no foot cradle on the bed. LPN 1 then placed a pillow under the legs to raise the</p>	F 0686	<p>proposed or implemented remedies that have been presented to date.</p> <p>ISSUE: F686 Treatment/Services to Prevent/Heal Pressure Ulcer 1. WHAT corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B and E's pressure relief interventions are in place. Their orders and care plans have been reviewed and updated.</p> <p>2.HOW other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p>	04/05/2019

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	<p>heels off the bed. She acknowledged there was no bed cradle on the bed.</p> <p>Resident B's record was reviewed on 3/6/19 at 4:45 a.m. The diagnoses included, but were not limited to, diabetes mellitus and vascular dementia.</p> <p>An Annual Minimum Data Set assessment, dated 11/7/18, indicated a severely impaired cognitive status, no behaviors, extensive assistance of two for bed mobility, and no unhealed pressure ulcers.</p> <p>Care plans, dated 2/18/19, indicated there were pressure areas on the right and left heel, the right buttocks and the middle back. The interventions included, assist with mobility and transfers, observe skin condition daily, and treatment as ordered.</p> <p>A Physician's Order, dated 2/19/19, indicated a foot cradle for the bed and pressure relief boots on at all times.</p> <p>The intervention for the foot cradle was not on the care plans as an intervention for pressure areas.</p> <p>A Physician's Order, dated 3/5/19, indicated, to discontinue the pressure relief boots and to float the heels on a pillow when in a chair and in bed.</p> <p>During an interview on 3/6/19 at 10:20 a.m., the Director of Nursing indicated the bed cradle intervention was not in place or on the care plans.</p> <p>2. During an observation on 3/6/19 at 4:19 a.m., Resident E was in bed and asleep. The bilateral heels were positioned on a pillow to keep the heels off the mattress. An air mattress and foot cradle were not in use.</p>		<p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>Residents at risk for pressure ulcers have been reviewed to ensure appropriate interventions are in place. Their orders and care plans have been reviewed and updated.</p> <p>1.WHAT measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The Nursing staff will be re-educated related to pressure relief prevention. Prevention check off lists by unit have been implemented. Nurse aides must utilize the check off lists daily to ensure their residents' pressure relief interventions are in place. Nurses must utilize the check off lists daily to ensure their residents' pressure relief interventions are in place. The check off lists will be turned into the Unit Managers daily. The Unit Managers will routinely audit the lists to ensure compliance.</p> <p>2.HOW the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The QAPI form "Prevention Check Off List" will be utilized daily by the Nurses and Aides. The Unit</p>	

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	<p>During an observation on 3/6/19 at 11:15 a.m., the LPN Unit Manager 1 indicated there was not an air mattress on the bed and there was no foot cradle in the room. She indicated the Physician's Orders and care plan included an air mattress and foot cradle.</p> <p>Resident E's record was reviewed on 3/6/19 at 9:17 a.m. The diagnoses included, but were not limited to, peripheral vascular disease, diabetes mellitus, and dementia.</p> <p>A Quarterly Minimum Data Set, dated 12/13/18, indicated a severely impaired cognitive status, no behaviors, extensive assistance of one for bed mobility, extensive assistance of two for transfers, had an unhealed pressure ulcer, one unstageable (eschar or necrosis present) and one venous/arterial ulcer (ulcer due to circulation).</p> <p>A care plan, dated 4/23/18, indicated an unstageable pressure area was present on the right lateral foot. Interventions included, treatments as ordered, air mattress, and foot cradle to the bed added on 9/5/18.</p> <p>The Physician's Order Summary, dated 3/2019, indicated an order for an air mattress and foot cradle was obtained on 9/7/18.</p> <p>A facility policy, dated 2007, titled, "Pressure Ulcer Prevention Measures" received from the Administrator as current, indicated, "...Keep heels elevated off the bed...Apply pressure-reducing mattresses..."</p> <p>This Federal tag relates to Complaint IN00286286.</p> <p>3.1-40(a)(2)</p>		<p>Managers will utilize the forms five times a week times for four weeks, two to three times weekly times four weeks, weekly times four weeks and monthly thereafter. Results will be reported monthly to the QAPI committee which will make any needed recommendations. The Director of Nursing or her designee will be responsible for follow up.</p> <p>1. BY WHAT DATE the systemic changes will be completed? April 5, 2019</p>	

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F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure assistive devices were in place as ordered and care planned to prevent potential falls for 1 of 1 resident reviewed for assistive devices. (Resident B)</p> <p>Finding includes:</p> <p>During an observation on 3/6/19 at 4:35 a.m., Resident B was in bed and asleep. The bed in was raised in a high position, there was no mat on the floor, and the body pillow was in the recliner next to the bed.</p> <p>During an observation on 3/6/19 at 4:48 a.m. with LPN 1, the bed remained in a raised position, there was no mat on the floor, and the body pillow remained in the recliner. LPN 1 indicated there were no mats on the floor, the body pillow was not on the bed, and then lowered the bed to lowest position.</p> <p>Resident B's record was reviewed on 3/6/19 at 4:45 a.m. The diagnoses included, but were not limited to, diabetes mellitus and vascular dementia.</p> <p>An Annual Minimum Data Set assessment, dated 11/7/18, indicated a severely impaired cognitive</p>	F 0689	<p>ISSUE: F689 Free of Accident Hazards/Supervision/Devices</p> <p>1. WHAT corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B's fall interventions are in place. The orders and care plans have been reviewed and updated.</p> <p>2. HOW other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected by the alleged deficient practice. Residents at risk for falls have been reviewed to ensure appropriate interventions are in place. Their orders and care plans have been reviewed and updated.</p> <p>1.WHAT measures will be put into place or what systemic</p>	04/05/2019

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	<p>status, no behaviors, extensive assistance of two for bed mobility and transfers, and had no falls since the last assessment.</p> <p>A care plan, dated 1/12/16, indicated she was a fall risk. The interventions included, "make sure all staff members are aware that I am at high risk for falls, body pillow to left side of bed, and electric high/low bed." On 7/15/18, a fall mat on the right side of the bed was added to the interventions.</p> <p>A Fall Risk Assessment, dated 2/18/19, indicated the resident was a high risk for falls.</p> <p>A Fall Risk Assessment, dated 5/29/18, indicated the resident had fallen out of the bed, was a high risk for falls, and the bed was to be in the lowest position with a fall mat on the right side of the bed.</p> <p>A Physician's Orders, dated 2/19/19, indicated to place a fall mat on the right side of the bed on the floor and to use a body pillow for positioning.</p> <p>A facility policy, dated 9/2017, titled, "Fall Prevention Program", received from the Director of Nursing as current, indicated, "...Safety interventions will be implemented for each resident..."</p> <p>3.1-45(a)(2)</p>		<p>changes will be made to ensure that the deficient practice does not recur?</p> <p>The Nursing staff will be re-educated related to fall prevention interventions. Prevention check off lists by unit have been implemented. Nurse aides must utilize the check off lists daily to ensure their residents' fall interventions are in place. Nurses must utilize the check off lists daily to ensure their residents' fall interventions are in place. The check off lists will be turned into the Unit Managers daily. The Unit Managers will routinely audit the lists to ensure compliance.</p> <p>2.HOW the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The QAPI form "Prevention Check Off List" will be utilized daily by the Nurses and Aides. The Unit Managers will utilize the forms five times a week times for four weeks, two to three times weekly times four weeks, weekly times four weeks and monthly thereafter. Results will be reported monthly to the QAPI committee which will make any needed recommendations. The Director of Nursing or her designee will be responsible for</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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